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**To:** Commissioner for Patents    **Date:** April 26, 2005

**Fax #:** 703-872-9306    **Pages:** 2, including this cover sheet.

**From:** Cynthia L. Smith, Esq.  
Reg. No. 53,608

**Subject:** New Power of Attorney and Correspondence Address form.

**COMMENTS:**

The forms referenced in the subject line are submitted herewith.

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PTO/SB/81 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/803,275
Filing Date	03/18/04
First Named Inventor	Pamela Lowenthal
Title	A Hole Punch Device ...Surfaces
Art Unit	3724
Examiner Name	TBD
Attorney Docket Number	36855-85604

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:  
OR

☒ Practitioner(s) named below:

Name	Registration Number
Cynthia L. Smith	53,608

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.  
OR

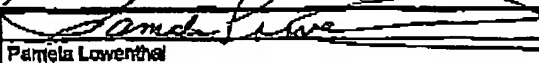
☐ The address associated with Customer Number:  
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cynthia L. Smith				
Address	21 East Huron #1905				
City	Chicago	State	IL	Zip	60611
Country	USA				
Telephone	773-562-5498	Email	cynthiasmith@rcn.com		

I am the:

☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	April 26, 2005
Name	Pamela Lowenthal	Telephone	773-725-6958
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.